



### Fire Hazard Abatement Appeal Form

Office Use Only

Today's Date: \_\_\_\_\_ Assessor Parcel Number: \_\_\_\_\_

Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Location of Property: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail Address (please print clearly): \_\_\_\_\_

I am appealing a Fire Hazard Abatement Invoice. The Appeal Form must be returned no later than 60 days from the Invoice Date. **Invoice Number:** \_\_\_\_\_ **Invoice Date:** \_\_\_\_\_

I am appealing a Fire Hazard Abatement Notice and Order to Abate. The Appeal Form must be returned no later than Compliance Date on the Notice and Order to Abate. **Notice Date:** \_\_\_\_\_

Due to ongoing public health concerns in-person hearings have been suspended until further notice.

I wish to appear by: Phone  Declaration

For Phone Hearings I prefer A.M.  P.M.  No Preference

We will try to accommodate your preferred time, however your selection is not guaranteed.

I have enclosed the required \$100 Appeal Fee  I have submitted an Appeal Fee Hardship Waiver

**Required:** Reason for appeal (attach additional sheets if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The Appeal Form and \$100 Appeal Fee, or completed Hardship Waiver must be submitted in person or by mail to:**

San Bernardino County Land Use Services Department  
Attn: FHA Appeals  
268 W. Hospitality Lane, Suite 300  
San Bernardino, CA 92415

Appellant Signature \_\_\_\_\_

Date \_\_\_\_\_